

tion. Other concerns related to incontinence at work, lack of adapted WC, lack of resources concerning incontinence and sexuality, and misknowledge of physicians on this aspect of sexuality.

**Conclusion.**– These data emphasize the need for education and resources for women with SCI.

**Further reading**

Hicken, et al. *Am J Phys Med Rehabil* 2001;80:916.

Kreuter, et al. *Spinal Cord* 2011;49:154.

Serati, et al. *J Sex Med* 2009;6:40.

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CO51-008-e

### Caregivers, intimacy and sexuality of spinal cord injured patients within a PRM specialized unit: Results of a survey

M. Le Fort<sup>a,\*</sup>, F. Aygalenq<sup>b</sup>, M. Pouyfaucou<sup>a,\*</sup>,

J.-J. Labat<sup>c</sup>, B. Perrouin-Verbe<sup>a</sup>

<sup>a</sup> *Service de MPR neurologique, Fédération de pelvi-périnéologie, CHU de Nantes, Nantes cedex 01, France*

<sup>b</sup> *Centre paramédical, 17137 Nieul-sur-Mer, France*

<sup>c</sup> *Service d'urologie, Fédération de pelvi-périnéologie, CHU de Nantes, France*

\*Corresponding author.

**Keywords:** Spinal cord injury; Sexuality; Caregivers; Questionnaire

**Objective.**– Sexuality is the first function that paraplegics would wish to recover. Our objective was to describe the perceptions of issues concerning sexuality of SCI patients by caregivers in a spinal cord unit of Physical and Rehabilitation Medicine.

**Methods.**– Construction of a questionnaire based on interviews with samples of the different professionals involved in the unit.

**Results.**– Forty-seven questionnaires. Professionals assessed a fairly good knowledge about paraplegia but sexuality and reproduction were considered very poorly known matters. Most often, the patient himself addresses the topic, on a humor (75%) or by a direct question (almost 50%). For the vast majority, “it’s part of our job” and 2/3 of respondents reported easiness to talk about sexuality in general but a lack of knowledge to talk about it in the context of disability.

**Discussion.**– Sexuality is described as a difficult “concept” for caregivers in the context of SCI holistic care. There is little literature on sexuality in connection with caregivers but there are recommendations how to discuss sexuality and description of intervention programs on this topic.

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### Round table

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### Which possibilities when Clean Intermittent Self Catheterization (CISC) is impossible through the native urethra?

B. Perrouin-Verbe

*CHU de Nantes, service de MPR, Nantes cedex, France*

Since the first description of Lapedes, 40 years of debate in the literature have demonstrated that CISC is the gold standard of the management of the neurogenic bladder associated with the treatment of high intravesical pressures. The goals of the management of the neurogenic bladder are to prevent complications of the urinary tract, to allow when possible a continence, the definite choice of micturition should be adapted to the functional ability of the patient. In this way, continent cystostomy has a precise place in the therapeutic algorithm of the neurogenic bladder. The candidates are patients with poor hand function (tetraplegics) or urethral problems and so unable to perform self-catheterization via the native urethra. In tetraplegic patients (C5 level and below) the combi-

CISC. The principles of this surgery are to provide a catheterizable and continent stoma with a reconstructed conduit either with the appendix or detubularized ileum. Continent cystostomy has to be associated with the treatment of high intravesical pressures (intradetrusor injection of botulinum toxin/augmentation cystoplasty).

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TR02-002-e

### Continent cystostomy

P. Grise<sup>a,\*</sup>, E. Chartier-Kastler<sup>b</sup>, L. Le Normand<sup>c</sup>

<sup>a</sup> *CHU de Rouen, Rouen, France*

<sup>b</sup> *CHU Pitié-Salpêtrière, Paris, France*

<sup>c</sup> *CHU de Nantes, France*

\*Corresponding author.

**Keywords:** Spinal cord injury; Cystostomy; Neurogenic bladder

From clinical situations, are described briefly various techniques of continent cystostomy (Mitrofanoff, Monti, Indiana, association of an ileocystoplasty) and presented the consequences of these surgery in discussing the improvement as well as the possible side effects and complications.

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### Posters

P160-e

### Demographic characteristics and duration of stay in patients with nontraumatic spinal cord injuries

S. Milicevic<sup>a,\*</sup>, Z. Bukumiric<sup>b</sup>, A. Karadzov Nikolic<sup>c</sup>,

A. Sekulic<sup>a</sup>, R. Babovic<sup>a</sup>, V. Piscevic<sup>d</sup>, S. Stevanovic<sup>a</sup>

<sup>a</sup> *Clinic of Rehabilitation Dr M. Zotovic, Belgrade, Serbia*

<sup>b</sup> *Institute of Medical Statistics and Informatics, Medical Faculty in Belgrade, Serbia*

<sup>c</sup> *Institute of Rheumatology, Belgrade, Serbia*

<sup>d</sup> *Department of PRM, KBC Zvezdara, Belgrade, Serbia*

\*Corresponding author.

**Introduction.**– Non-traumatic spinal cord injuries (SCI) tends to affect older adults.

**Methods.**– A retrospective study of 162 patients with non-traumatic SCI admitted to the Clinic for rehabilitation “Dr M. Zotovic”, Belgrade, Serbia, from January 2000 to December 2009. The level of statistical significance in our study was set to 0.05.

**Results.**– In all 162 patients, 92 (56.8%) were males, and 70 (43.2%) were females. The mean age was 55.5 ± 13.8. Etiology of the injury was as following: tumors in 66 (40.7%) patients, myelopathy in 46 (28.4%), infection in 22 (13.6%), vascular reasons in 22 (13.6%), pathological fractures in 3 (1.9%), myelitis in 3 (1.9%), and other in 1.8% of the patients. In all patients the most common were ASIA C 91 (56.2%), followed by the ASIA B 39 (24.1%) and ASIA A 32 (19.8%). The most common level of injury was the thoracic injuries 80 (49.4%), followed by cervical injuries 5 (30.9%) and lumbar spine injuries 32 (19.8%). The average duration of rehabilitation in patients with non-traumatic SCI was 126 ± 80.13 days.

**Discussion.**– Patients with non-traumatic SCI represent a significant proportion of individuals with SCI admitted to rehabilitation settings. Future studies are necessary to more fully address functional outcomes, secondary complications, costs of care and quality of life issues.

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